2009 Medicare (Part B): Medical Insurance			
Service	Benefit	Medicare Pays	You Pay
Medical Expenses	Physician's services, some diagnostic tests, physical and speech therapy, ambulance, etc.	80% of approved amount (after \$135 deductible) 50% of approved amount for out–patient treatment of mental illness	\$135 deductible* plus 20% of approved amount (plus any charge above approved amount)** 50% of approved amount on out–patient mental illness claims
Home Health Care	Visits limited to medically necessary part–time skilled care of a homebound individual	Full cost of services (See Durable Medical Equipment)	Nothing
Outpatient Hospital Services	Medically necessary treatment such as outpatient surgery, diagnostic procedures, emergency room, etc.	A set amount for each specific procedure	Subject to deductible plus copayment or coinsurance for each procedure
Durable Medical Equipment (DME)	Medically necessary equipment and supplies such as walkers, wheel chairs, hospital beds, etc.	80% of approved amount (after \$135 deductible)	20% of approved amount plus \$135 deductible, plus charges above approved amount unless supplier accepts assignment

<sup>\*</sup> Once you have had \$135 of expenses for covered services, the Part B deductible is met for the rest of the calendar year.

Medicare Part D pays for outpatient prescription drugs you can take on your own. However, Medicare Part A or B helps pay for certain oral anti–cancer drugs, and immunosuppressive drugs taken after an organ transplant.

Note: The Part B monthly premium is \$96.40 in 2009 for the majority of individuals. Beneficiaries who have an income greater than \$85,000 may experience monthly Part B premiums anywhere from \$134.90 to \$308.30.

<sup>\*\*</sup> You pay for charges higher than the amount approved by Medicare unless the doctor or supplier agrees to accept Medicare's approved amount as payment in full (accepts assignment). Excess charges for physician services cannot exceed 15% of the Medicare approved amount.